II. NURSING OF THE INSANE*

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The history of the insane from earliest times to the present day presents strange contrasts of ill-treatment and favor. Among the Mohammedans it was believed that they were the blessed of God, and that their souls were removed early as a mark of partiality. The Orientals regarded their ravings as inspirations, and they were treated with marked respect and kindness; even among the Indians the feeble-minded and insane received kind treatment. But throughout Christendom for long ages they were thought to be accursed and possessed of devils, and were treated accordingly. So we find these afflicted people, miserable because of their mental condition, made infinitely more wretched by being chained for years to the walls of dark and solitary cells, or made to subsist on bread and water, or lie on beds of straw, tortured, whipped, occasionally burned or executed,—always the victims of a fixed belief that insanity was an incurable malady.

In the latter part of the eighteenth century Pinel in France and William Tuke in England became, with others whose names are less known, but who are doubtless as worthy of being immortalized, pioneers in advancing the theory that the insane were human beings afflicted with disease, and gradually the idea that these people were unfortunate and not criminal began to prevail, and the places where they were confined to assume the character of asylums instead of prisons, as formerly. In our own country Dorothea Dix began her great work in the first half of the nineteenth century, and the degree of comfort and care that the insane of America now experience is largely the outgrowth of her zeal and energy. While our present methods are doubtless the best that have existed in this country, still they could be improved in many ways, particularly in the care given the indigent insane. The establishment of training-schools in our State hospitals is a great step in the right direction, the object being to secure for these afflicted people more intelligent and scientific treatment, and surely they need all the help that can be given them, and by as skilful and enlightened nurses as can be obtained.

Insanity is defined as "a prolonged departure from the individual's normal standard of thinking, feeling, and acting," and allows of many different classifications. For practical application of the manner of nursing we will consider it from three great divisions:

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1. Cases of mental exaltation (mania, acute and chronic).
2. Cases of mental depression (melancholia, acute and chronic).
3. Cases of mental enfeeblement (dementia, paranoia, epileptic insanity, circular insanity, general paralysis, idiocy, imbecility).

In this brief paper we will give more time to the first two classes, as they are the cases which you as graduate nurses will meet, and who require more intelligent and scientific nursing than the third class, as they need but little more than custodial care or the attention given any feeble patient.

"Mania is a form of insanity characterized by emotional exaltation, acceleration of the flow of ideas, and motor agitation." These cases are very interesting, as about seventy per cent. of them are recoverable, which is always a source of inspiration to the nurse, and a needed one, as their care is extremely wearisome during the excited period. The pathological cause for this disorder is as yet much obscured, careful investigation revealing no anatomical basis, though a theory prevails that it is due to a congestion in the higher brain-cells. Perhaps the belief in another theory, that there is a lack of nutrition in the nerve-cells, producing this unnatural condition, is the best for a nurse, as then she will be stimulated to persevere in feeding her patient, which is regarded as one of the chief agents in bringing about a recovery.

Usually a maniacal outburst is preceded by a period of depression, which may continue for a few days or for a longer time, possibly several months, and when this gives way the true disorder begins to manifest itself and the patient becomes noisy, restless, incoherent, and lacking in self-control. The entire system is disordered, the skin being hot, the tongue dry and coated, sometimes to a great degree, the lips often parched and bleeding, the bowels irregular, the urine scanty, the sleep disturbed and fitful.

In mania the habits are often most untidy, due to inattention on the part of the patient to bodily wants.

As there is usually no distaste for food, there may be no difficulty in giving it, but again it may have to be administered forcibly, as the patient's mind is too exalted and preoccupied to know if he has eaten or not. Simple liquid foods are recommended to be given frequently and in as large quantities as possible, even to the point of overfeeding. Rest in bed with treatments in massage are urged if the patient is not too resistive.

Sleep may be induced by warm baths or hot wet packs, though occasionally a sleep-producing agent will be necessary. In some cases there is much danger from over-exhaustion, but if food be given in sufficient quantities and is assimilated this result may be averted. As

much care should be given the hair, teeth, and mouth of the patient as if he were suffering from a fever delirium, and this will add greatly to his comfort and appreciation on recovery. There is but little danger of suicide in maniacal cases.

As to his moral treatment, there is no use in arguing with him in regard to his delusions, though these may be gently but firmly contradicted or else disregarded, and while it is best in the acute stages never to discuss these hallucinations and delusions, still they should not be acted upon or agreed with. During convalescence brief but positive denial of the imaginings of the patient may be beneficial, but it should always be done in the kindest spirit and manner. As the patient improves there will be a gradual subsidence of this exalted state towards the normal condition, possibly accompanied by a "tearful irritability," and gradually the mental balance will be restored. There are instances where this restoration takes place very suddenly upon awakening from a normal sleep, but this is not usual.

The course of an attack of acute mania usually extends over a period of from three to six months, though some cases appear to run their course in a much shorter time. Occasionally this disorder takes the form of an inflammatory condition of the brain, in which all the before-mentioned symptoms will be greatly intensified and death may result from exhaustion. More frequently death is the result of some complication, as nephritis or pneumonia. About five per cent. of these cases die and ten per cent. result in dementia. Seventy-five per cent. show hereditary taint, which, while it is not considered an essential factor in *producing* mental disorders, is regarded as rendering the nervous organism unstable, and therefore more liable to collapse when it meets any severe strain, either physical or mental.

Cases of chronic mania are very rare, and consist of a continuance of maniacal disturbances extending over a long period, perhaps for years. As a rule, the physical condition of the patient will remain good, the mental state one of elation, and reason and judgment will be much impaired. There is no tendency to suicide and the habits may be most untidy. Recovery from chronic mania is very unusual.

The second class of insane which we will consider are cases of mental depression or of melancholia. This form of insanity is characterized by "constant depression, retarded flow of thought, and fixed delusions." These are certainly the most miserable of all that great body of people. Some sit for days with drooping figures and sad faces, absorbed by the contemplation of their own misery, believing most firmly that they have committed an unpardonable sin, or that they are responsible for the sins of the world, or that they have brought want

and trouble upon their families. Others constantly walk about, moaning and wringing their hands, while still others complain they have no feeling at all, seeming unable to appreciate any sensation of either pain or pleasure. When hallucinations are present they are of a depressing and terrifying nature, and the patient is often troubled by "hearing voices" which constantly reprove or threaten him.

The physical condition is most uncomfortable, the skin being pallid and cold, the circulation slow, digestion retarded, headache almost constant, urine often profuse because of intense emotion, bowels constipated, food refused because of distaste for it or from troublesome delusions, as a belief of unworthiness to eat, a fear of poisoning, or dread of bringing want upon others—altogether they present a most pathetic condition when in the acute stage. As in mania, there is no known anatomical cause, though it is supposed to be the effect of cerebral anæmia or of auto-toxemia. It is not yet known how far the absorption of intestinal poisonings is an agent in producing insanity, but it is believed it is a more frequent agent than is generally recognized, and it is certainly a most important factor in retarding the recovery or in increasing the intensity of melancholia. Ill-health, business or love troubles, grief, overwork, shock from fright, or religious troubles are among the alleged moral causes in bringing about this unhappy condition, and, as in mania, hereditary taint is found in more than one-half of the histories, which weakens their power of resistance.

From this picture you can understand how true it is that the most serious danger to guard against is that of suicide, even in the mild cases, and the newspapers furnish us almost daily evidence that this fact is not generally understood. Knives, scissors, cords, door-keys, anything that could be made an agent in ending one's life, should be carefully removed, the windows arranged to open but a little way, and constant oversight may be needed to prevent the patient from strangling himself with a strip of bedding or clothing. Removal from his friends and usual environments is often found of great benefit, even the change to a State hospital may be a relief. With familiar faces and objects about him he only realizes more keenly how he has changed, and this adds to his depression. Moderate travel,—always guarding against a tendency to suicide,—a short visit to the country, or going to the house of some physician or to a sanatorium may produce very good results.

As in cases of mania, food is one of the most important remedial agents, but it must be selected and given with far more care, as the digestion is more enfeebled. It should be pushed to the point of overfeeding, if necessary, and may consist of most liquid nourishments, rare or raw beef, eggs, prepared cereals, and sometimes green vegetables

or fruit. That it be digested is the great feature, and as the digestive organs are always weakened, they should be constantly observed. One authority recommends washing the stomach frequently with salt solution and giving "high enemas," with a view of ridding the system as far as possible of masses of undigested and unassimilated food and also stimulating the lining of the intestinal tract. Continual rest in bed with massage is strongly recommended in extreme cases of melancholia, but with milder degrees part of the day in bed, with the remainder spent in some occupation out-of-doors, if possible, may be more beneficial. For sleeplessness either hot wet packs or prolonged warm baths (from one-half to two hours—110°) are usually successful, though mild hypnotics may be necessary.

As to the moral treatment during the acute stage, it is best generally to leave the patient quite alone. He cannot take an interest in others; he is unfit for labor, either physical or mental; amusements are painful to him, and his reason and judgment are both impaired. To surround him as nearly as possible with a neutral atmosphere is the best treatment, and, as in cases of mania, one should never argue with him in regard to his delusions, though occasionally they should be firmly and kindly denied. Sympathy may be given a melancholiac and will be greatly appreciated, and hopefulness should be inspired in every way possible. It is wonderful how much effect those about them may exert over the minds of the insane, and a nurse has it in her power to materially aid or retard a recovery by her moral attitude towards her patient. All sources of irritability should be removed as far as she is able, and her whole aim should be to govern by kindness, patience, firmness, and sympathy. This fact is far too little understood and practised, and the tendency to play "with the mind diseased," to make the patient express his delusions for the amusement of herself or others, cannot be too severely criticised and condemned.

When the recovery of these patients is once established, regular physical occupation, as walking, bicycling, playing golf, any out-of-door exercise, or some useful manual labor should be begun and encouraged. "Substitution of thought" as soon as the patient is able to be diverted should be sought in every way, and to aid him in his efforts to forget his own depression is of the utmost importance.

In cases of simple acute melancholia about ninety per cent. are recoverable and five per cent. result in death, usually due to marasmus, suicide, visceral disorders, or pneumonia. A very large number of the chronic cases die of tuberculosis.

We will now consider briefly the third and largest class of the insane,—that of mental enfeeblement.

Dementia is the general term given to the greatest division of this disorder, and one author speaks of it as "the goal of all insanities." Being the result of so many different disturbances, it assumes numerous phases, which we will not have time to consider in detail. Rare cases of "primary dementia"—that is, enfeeblement of a mind once normal with no acute form of insanity preceding it—may follow prolonged physical or mental strain, such as may attend the vicissitudes of war or some intense fright or shock, in which case the usual care of an acute insane patient may be given and recovery looked for at any time, from a few months to a year. More frequently these cases merge into a condition called "secondary dementia," where the enfeeblement is recognized as the sequel of some cerebral disease, as epilepsy, alcoholism, syphilis, melancholia, and mania.

Secondary, or "terminal," dementia may be divided into two classes, apathetic and agitated.

About two-thirds of the patients in our State hospitals are demented, many of whom were maniacal or demented when committed, but have since lapsed into a quiet existence with but little emotional basis. Their condition is more pathetic from its hopelessness, though mercifully they are more contented with their lot than one would imagine they could be. They appreciate any comforts or favors very highly, take an active pleasure in amusements,—a large part of the work about the hospital is performed by them,—and while they are not capable of initiating any work, they acquire automatic habits of employment when directed and supervised. They are very useful to the hospitals, and are deserving of all that can be procured for them in the way of improvements or diversions. In the advanced stage of apathetic dementia the patients do not speak; they crouch or lie about on the floors or in corners in the most negligent attitudes and cover their heads with their clothing, while those with agitated dementia are restless and subject to sudden outbreaks of excitement with no external cause. With either of these classes when the mind reaches a certain plane of deterioration it remains stationary for years, perhaps. All of the faculties are impaired, —memory, reasoning, judgment, and will,—though the physical condition may be quite sound and only custodial care is required.

About ten per cent. of all epileptics become insane, and the usual form of their disorder is dementia. They require the care of an ordinary epileptic, but as they are subject to sudden outbreaks of rage and fury, when they may commit some serious assault or crime with no subsequent recollection, their confinement in an institution is strongly recommended. Recovery of a case of epileptic insanity is most unusual.

"Circular insanity" is characterized by alternating conditions of

mania and melancholia, and while made up of the three most curable forms of mental disorders, is still the most incurable itself. These cases are best cared for in institutions, to prevent suicide in a melancholic stage and extravagance in a maniacal period. By medical treatment these cycles may be retarded or postponed, and the same nursing should be given these cases as that recommended for mania and melancholia. The rest cure and hydrotherapy are useful in both phases.

"Paretic dementia" is a disorder characterized by progressive enfeeblement of the mind combined with general paralysis of the whole body. Intellectual overwork or strain of a system impaired by alcoholism or syphilis is believed to be the chief cause of paresis, and it usually runs its course in from three to five years, when death is very liable to occur. In its early stages it may be mistaken for neurasthenia, but gradually more marked symptoms will be noticed, as the paretic articulation and writing, loss of reflex action, emaciation, failure of memory, emotional irritability, and exaggerated delusions. These delusions are of a most extravagant nature, and usually grow as the physical weakness increases. The patient may believe that he is conducting large business enterprises or that he is President or the Czar, or he may have delusions of great wealth, and bestow upon those about him checks for large sums, or give them property in many forms. As a rule, these patients are far from strong, weak hearts and degenerate liver and kidneys being common among them. Their bones are unnaturally fragile, and in the latter stages of the disease their habits become very untidy, and they have a peculiar liability to bedsores due to a disorder of the nerves which control the nutrition of the skin. As the final stage approaches there may be apoplectic seizures or convulsions, the patient becomes speechless, bedridden, more helpless than an infant, sometimes hardly able to swallow his food, until finally death comes to his relief. These are most distressing cases, and if possible should be taken care of in an institution for the insane.

The care you can give a patient of this class is most limited. In the early stages to keep him from squandering his property or scandalizing his family by some immoral act, as the disease progresses to repress his untidy habits, to keep him at some occupation as long as he is capable of performing it, and later to take the same care of him as would be given any paralytic is as much as we can accomplish. While the progress of this disease may be retarded by different medicines, still it is usually fatal, and one feels that death is a welcome relief from conditions so degraded and pitiable.

Paranoia is a form of chronic mental disease characterized by a

gradual development of fixed systematized and elaborated delusions of persecution, conspiracy, etc.

These patients in the early stages of their disorder may be called "cranks," and admit of a most elaborate classification. I will only mention a few general symptoms, as it may aid you in being more tolerable of the oddities of "queer people," some of whom are unable to control their idiosyncrasies, being in the first process of paranoia. In childhood usually a paranoic will be bright, though he may be of a shy or solitary disposition, showing eccentricities of conduct as he grows older. He becomes suspicious and depressed, having a vague idea of conspiracy to deprive him of privileges or property. This is called the persecutory state. He constantly feels that a mysterious combination called "they" are against him, and upon questioning he may explain that he refers to some secret society or some religious or political organization or some important person whom he may have known about, all of whom are working to harm him. These ideas are of vast proportions and show great system and organization. Not infrequently the patient desires to make appeals to the Supreme Court, the President, the Pope, any power he thinks can be reached. This is followed by a transition or expansive stage, in which he seeks an explanation of all these persecutions. He sees how it was all planned out for him, perhaps discovers that he is of noble or divine birth. He may find much consolation in the belief that he is beloved by someone of a much superior station. Quite frequently these people have distinguished themselves in literature or in history. Many feel that they are ushering in a new religion, and it is something of a shock to find that Mahomet, Swedenborg, and Joan of Arc are mentioned with these cases. Among the political paranoics we find the names of John Brown and Guiteau. The so-called cranks of this description really create a dangerous element in society. They are apt to make some homicidal assaults in consequence of their delusions, but if confined in asylums they accept that as a part of the scheme against them, and believe that some benefit will result from it either to the world or to themselves. They often show a proprietary interest in the institution, and are very useful and interested in the different forms of work. These patients usually live to a good old age, free from care, and while terminal dementia is quite sure to develop, still the process is not rapid. There is little to be said in the way of treatment, and their physical condition is usually good. Out-of-door work is recommended to keep the mind diverted from its delusions and hallucinations as far as possible, and through bodily fatigue they obtain a fair amount of repose.

Before closing I must make a brief mention of two agents—hydro-

therapy and electricity, which are used among some of these patients with marked success. Hydrotherapy is a form of treatment among the insane which is daily gaining in favor. It is applicable to cases both of mania, melancholia, and some forms of dementia, but in order to be used fully it calls for a hydrotherapeutic apparatus which is never met with except in sanatoriums or hospitals, where its use is directed by the physicians.

I will not take the time here to describe these appliances, which are most complex and can be used in many ways, but will endeavor to give instead a few practical therapeutic methods, which you can use in any house with ordinary plumbing.

It is known that water affects the nerves in many ways. Cold baths increase the irritability of the brain and spinal cord in a reflex manner by stimulating the nerves of the skin and quickening the circulation, while warm baths are relaxing, and tend to induce sleep and diminish the irritability of the nerves. By keeping in mind the difference in hot and cold baths one can devise many ways of applying them with great benefit to the patient. Short cold baths, combined with sprinkling or rubbing, are stimulating and tonic. The spinal douche is a powerful tonic as well as a mental stimulus. By means of a proper nozzle a strong stream is directed up and down the back of the patient at a distance of ten feet, if possible, and for a few seconds only. Sometimes this is alternated with a stream of hot water, and may be used for cases of hysteria or neurasthenia or where there is sluggish intellect, stupor, or apathy. This should be persevered in daily, and the temperature of the water gradually reduced till lowered to fifty degrees. In a private house the patient may stand in any ordinary bath-tub and this process be imitated by using the usual spray bath, and while the force cannot be as great as from the regular apparatus, still the reaction may be quite marked and beneficial. The portable steam-bath arrangements of these days make the hot-air and vapor baths possible to all, and can always be used when the patient is quiet enough to produce general relaxation and possibly sleep. The prolonged warm bath before mentioned and the hot or cold wet packs are always at hand, and if properly used may prevent the necessity of giving hypnotics and aid materially in regulating the circulation and relaxing the nerve tensions.

Electricity is believed to have much the same value as massage when used in connection with the rest cure. It also has a tonic effect, but as its specific use belongs to the physician's domain, I will not take up our limited time in an attempt to describe its subtle effects and the manner of its application. You will always have to "follow the doctor's directions."

We may then sum up the care of any acute case by rest in bed, overfeeding with light food, careful observation of the digestive process, massage when possible, hot wet packs or baths for sleeplessness, and electricity when it is indicated. The care of the chronic insane is much more limited, being an effort to make them as comfortable and happy as their mental conditions will allow and to keep them employed as far as possible to delay the process of brain decay. These cases are so different that there can be no general line of treatment followed, and there is but little to inspire one to endure much that is monotonous and disagreeable, except a pity for their unhappy condition and a wish to aid in making what remains of their lives as attractive to them as possible.

DISCUSSION.

Miss Wood.—I am a delegate from the Asylum Workers' Association. The Asylum Workers' Association is a modern growth. It is an association of medical specialists and the more intelligent and advanced superintendents and nurses in the asylums. The object of the association is to improve the condition of the patients by improving the education and equipment of their attendants. Our asylums have been a by-word for a long time because of the very low standard of the attendants employed by them. Women of no character or of shady character, who could not get employment elsewhere at other work, obtained employment in them. The means by which the society aims to bring about a different state of things is by the education of its attendants. They demand that those who wish to belong to the Asylum Workers' Association shall pass the examination of the Medico-Psychological Society, which is one of the medical associations of England especially devoting its attention to the medical profession interested in that branch of work, and it wishes to bring about a higher standard of attendants by giving them an examination and requiring that they shall hold a certificate. All asylums, whether in touch with the Medico-Psychological Society or not, are educating their nurses by giving them lectures and practical instruction, by teaching them the various courses, etc., which Miss Laird has brought out before you. There is another step which has been taken. Now there is an infirmary which is properly equipped like a hospital for the patients. This was not always so. This is utilized for the training of nurses to a limited extent in medical and hospital work. It is hoped by the Asylum Workers' Association that the nurses in the asylums and the head nurses or attendants may be trained nurses only, and that they shall also be trained for the special treatment of the insane. You see that there is an attempt, then, to raise the standard. But, of course, with the raising of the standard of the work must come a very much improved condition under which the nurses in the asylum shall do their work. The better class of women will not accept the existing conditions, and one of the objects is to bring about longer holidays in the year and shorter hours, and that the women shall be treated with respect. The work which the Asylum Workers' Association has set before it is a difficult one, because the public in England is not aroused to a sense of its own responsibility, and there is no encouragement for people to make themselves acquainted with the machinery of the asylums.

Our County Councils undertake the care of the insane in tbeir districts and tbe asylums in a very satisfactory way. In the selection of nurses tbe utmost care is taken that the people in charge shall be properly equipped for tbeir work. The best buildings in the world and the most complete appliances are of no use without the proper attendants. It is now the aim of the individual nurse to understand the cbaracter of the patient with whom she has to deal. She should have a sense of individual responsibility, and should begin to take some pride in her calling.

In tbe old days the mad-house attendants, as they were called, were looked upon as persons to be avoided and not received into society of any kind. Now, if we can only bring about a feeling upon the part of the public tbat we are banded together only for good, the work of the Asylum Workers' Association will be a grand one, and will mark a great step forward in our work. If there are any persons here interested in the work, and there are any points which I have not covered, we have the literature of the association here, and I will gladly give it to anybody who would like to ask a question.

MISS RICHARDS.—I am very glad to speak, even with the very little knowledge I have of this subject. I am very glad to welcome any advancement which tends to the better care of the insane in our hospitals. I feel that I, for one, knew almost nothing about the nursing or caring for the insane until I became the superintendent of nurses in a Massachusetts State hospital, where we have organized a training-school for the care of the insane. Miss Wood tells us something of the work in England. In our hospital we have a male and a fcmale infirmary. The male side is very distinct from the female infirmary, and is taken care of by male attendants. In our hospital each nurse in the training-school must spend a certain amount of time in the infirmary. She learns there very many of the ways used in the general hospital. In taking care of a sick person she has to remember that she is not only taking care of a person's body, but also of a diseased mind, and must govern herself accordingly. Many of the orders given by the doctor can never be carried out. This the doctor knows, and he should try to regulate his treatment accordingly. We must remember that the first object is the recovery of the patient. We have in our hospital a plan for classifying patients as much as we can. We place the quiet patients by themselves. We put tbe excitable ones by themselves, and keep them in bed for days if necessary. Remember, we do not bind them down witb straps, as we used to do. They do not have on manacles. The sheet, with arm-holes for the arms, is the only restraint used. They are watched day by day as they become more and more quiet, and very soon they are up and walking about the ward. If they walk about the wards too much, they are put back to bed and are tried again in a few days. Many of the cases that seemed beyond recovery eventually, with their minds cleared up, go to their homes well and happy. We feel that we are making very slow strides, but please remember that in our first few years of training we may advance very slowly, but we stand ready to receive anything that will help us forward to better things. We want conscientious women for heads of training-schools; we want women in our hospitals with exceedingly warm hearts.